	ct/1b
: ::::::::::::::::::::::::::::::::::::	Laterals? YES / NO
Отрег	Planar / Sling / Axiom / Acta Relief /
	nanaau yang io addi.
	Type of back needed
	Офрет:
Stroller	Kassic / Folding / Rigid / Tilt in space /
	Type of chair need: Circle one
	Type of chair pood, sind
- ings jangsoy	bull planes
ASURMENTS AND NOTES AS NEEDED **	TENSE OSE ACTUAL ANATOMICAL ME
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NA COLOR	10 Ion
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	E
	F Seat to Footplate (L,R)
(write measurements inside of circle)	1- Seat Depth (L,R) Back to Tip of Chest
Client Measurements	- 5eat to Top of Shoulder (L,R)
	u- Vidth at Knee F- Seat to got of lead
намини	B - Chest Width C - Hip Width
	41biW 1abluod2 - A
RT / LEFT	Pelvic Obliquity? Yes / No Low Side
	Self Propel? Yes / No Foot / Hands
Reuseable for another resident?	/
, 14-mod	Current Chair:
	Mate / Female
	Approx. age:
May Focation: Mall May May	1
The state of the	Resident's Name:
WHEELCHAIR EVALUATION	
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	New (Hediolent)
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referels? YES / NO Planar / Sling / Axiom / Acta Relief / Other_ 10 × 10 Asad back 21 × 16 Type of back needed Other: Basic / Folding / Rigid / Tilt in space / Stroller Type of chair need: Circle one ** PLEASE USE ACTUAL ANATOMICAL MEASURMENTS AND NOTES AS NEEDED ** H. Chest Depth (I.,R) Back to Tip of Chest of Tip of Chest of Depth (I.,R) Actual - 2-3 Fingers - 1. (write measurements inside of circle) G - Seat to Axilla (L,R) Ampit Client Measurements F. Seat to Top of Shoulder (L,R) E- Seat to Top of Head D - Width at Knee C- Hip Width B - Chest Width A - Shoulder Width Pelvic Obliquity? Yes / No Low Side: RT / LEFT Foot / Hands Self Propel? Yes / No YES / NO SIZE Reuseable for another resident? Current Chair: Male / Female Approx. age: Resident's Namei

WHEELCHAIR EVALUATION

	·ari?
	Laterals? YES / NO
19416	Planar / Sling / Axiom / Acta Relief /
	, , ,
	Type of back needed
	Other:
Stroller	Basic / Folding / Rigid / Tilt in space /
	Basic / Folding / Bigid / Tithin
	Type of chair need: Circle one
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SCHALLING MOTES AS NEEDED **	0
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	2:99rii 5-5 - Isaaba (A,C) hay of 1692 - I 2:9prii 5-5 - Isaaba (A,C) hay of 1692 - I (A,C) saat to Footpate (A,C)
(write measurements inside of circle)	H - Chest Depth (L, R) Back to Tip of Chest
	A STANKING IN BILLIAN OF THE CAME
Client Measurements	(9 1) applied 2 to Top of 5 houlder (1 p)
	E- Seat to Top of Head
	D - Width at Knee
MAMINAN	C - Hip Width
KUBWUN	B - Chest Width
	dsbiW rabluod2 - A
KI / FEFT	PILL TOW SIGE
, 25	Pelvic Obliquity? Yes / No Low Side
	sbnsh \ nur
	Foot / Hands
AES / NO SISE	Self Propel? Yes / No Foot / Hands
Reuseable for another resident?	Self Propel? Yes / No
Reuseable for another resident? YES / NO SIZE	Current Chair: Self Propel? Yes / No Foot / Hands
Reuseable for another resident? YES \ NO SIZE	Current Chair:
Reuseable for another resident?	Current Chair:
Reuseable for another resident?	Self Propel? Yes / No
YES / NO SIZE	Male / Female Current Chair:
Reuseable for another resident?	Current Chair:
Reuseable for another resident? YES / NO SIZE SIZE YES / NO SIZE	Approx. age: Male / Female Current Chair:
Reuseable for another resident?	Male / Female Current Chair:
Reuseable for another resident?	Approx. age: Male / Female Current Chair:

WHEELCHAIR EVALUATION

Planar / Sling / Axiom / Acta Relief / Other_ Type of back needed Other: Basic / Folding / Rigid / Tilt in space / Stroller Type of chair need: Circle one ** PLEASE USE ACTUAL ANATOMICAL MEASURMENTS AND NOTES AS NEEDED ** H - Chest Depth (I.,R) Back to Tip of Chest 1- Seat Depth (I.,R) Actual - Seat Depth (I.,R) Actual - Seat to Footplate (I.,R) (write measurements inside of circle) Eeaf to Top of Head

F. Seaf to Top of Shoulder (L,R)

jiqmmA (R,L) allix to these - D

erit of heat to Allia (L,R)

erit of heat to Allia (R,L) Client Measurements D - Width at Knee C- Hip Width B - Chest Width Asbiw tabluod2 - A Pelvic Obliquity? Yes / No Low Side: RT / LEFT Foot / Hands Self Propel? Yes / No LES UN SISE Reuseable for another resident? Current Chair: Male / Female Арргох. аде: Resident's Name; WHEELCHAIR EVALUATION

referels? YES / NO

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	ON / CIT (SING)
)ther	Planar / Sling / Axiom / Acta Relief / Laterals? YES / NO
	F
	Type of back needed
Division	Отрет:
relion?	Basic Folding Rigid Tilt in space
	Type of chair need: Circle one
skyros sums I mad	
the hold that a	Jay of Marie
ASURMENTS AND NOTES AS NEEDED **	** PLEASE USE ACTUAL ANATOMICAL ME
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A	9 4
	F Seat to Footplate (L,R)
(write measurements inside of circle)	Chest Depth (L,R) Back to Tip of Chest
Client Measurements	(8.1) rebluod2 to got of 1892 - 7 tigmtA (8.1) sllixA of 1892 - 2
	healt to Top of Head
MANUAL	C - Hip Width D - Width at Knee
HUNBUN	A - Shoulder Width B - Chest Width
RT / LEFT	Pelvic Obliquity? Yes / No Low Side
	,,,,
	Foot \ Hands
Reuseable for another resident? YES \ NO SIZE	Self Propel? Yes / No
- Annual Manager	Current Chair:
	Male / Female
all the manual man	Approx. age:
Holling Location: Millians Millians	Resident's Names Months

WHEELCHAIR EVALUATION

red1(D \ Jailaß Axiom Acta Relief
	Type of back needed
Stroller	Basic / Folding / Rigid / Tilt in space / Other:
	Type of chair need: Circle one
- Whollside	for far pay
ASURMENTS AND NOTES AS NEEDED **	** PLEASE USE ACTUAL ANATOMICAL ME
A CAN A A A A A A A A A A A A A A A A A	
Client Measurements inside of circle)	E- 5eat to Top of Head F- 5cat to Top of Shoulder (L.R) F- 5eat to Axills (L.R) Armpit H- Chest Depth (L.R) Back to Tip of Chest I- 5eat Depth (L.R) Actual-2-3 Fingers - 1 5eat to Footplate (L.R)
нашпан	A - Shoulder Width B - Chest Width C - Hip Width D - Width 26 Knee
RT / LEFT	Pelvic Obliquity? Yes / No Low Side
Reuseable for another resident?	Male / Female: Current Chair: Self Propel? Yes / No Foot / Hands
AM Location: Millows Mil	Resident's Name: 1010 A
WHEELCHAIR EVALUATION	

.0412

Laterals? YES / NO

	Laterals? YES / NO
her	Planar / Sling / Axiom / Acta Relief / Or
	*
	Type of back needed
	Other:
Stroller	Basic / Folding / Rigid / Tilt in space /
	Type of chair need: Circle one
(Suickie)	the state of the s
in bock, returned cother	on tond war
SORMENTS AND NOTES AS NEEDED **	** PLEASE USE ACTUAL ANATOMICAL MEA
	** PLENSE USE ACTUAL ANATOMICAL PAR
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(812)12 (0.20)(5)1 (5)12005	1- Seat Depth (L,R) Actual - 2-3 Fingers 1- Seat to Footplate (L,R)
Client Measurements inside of circle)	H - Chest Depth (I. 8) Back to H
	D - Width at Knee E - Seat to Top of Head F - Seat to Top of Shoulder (L,R)
нашал	B - Chest Width C - Hip Width
	4sbiW tabluod2 - A
1432 / 00	200.0
731 / 18	Pelvic Obliquity? Yes / No Low Side:
	Foot \ Hands
YES / NO SIZE	Self Propel? Yes / No
Reuseable for another resident?	Current Chair:
	Male / Female
77	Approx. age:
May Location: Lillan M.	Resident's Name: / / / / / / /
" U / fell	

WHEELCHAIR EVALUATION

t

** ** <u> </u>		Laterals? YES / NO
)ther	Planar / Sling / Axiom / Acta Relief / C
		Type of back needed
	Stroller	Basic / Folding / Rigid / Tilt in space /
		Type of chair need: Circle one
	1100	LMAC MALA
WND NOTES AS NEEDED **	HOOMINICIALS	J. 100
A A A A A A A A A A A A A A A A A A A	ZINHWRUZA	** PLEASE USE ACTUAL ANATOMICAL ME
Client Measurements (write measurements inside of circle)		A - Shoulder Width B - Chest Width C - Hip Width D - Width at Knee E - Seat to Top of Shoulder (L.R) F - Seat to Axilla (L.R) Armpit H - Chest Depth (L.R) Back to Tip of Chest H - Chest Depth (L.R) Rack of Tip of Chest I - Seat Depth (L.R) Rickel Seat to Footplate (L.R)
	TTJ \ TR	Pelvic Obliquity? Yes \ No Low Side
Reuseable for another resident?		Male / Female Current Chair: Self Propel? Yes No Foot / Hands
Location: Millians Market	Leur	Resident's Name: Amon A
VOHEELCHAIR EVALUATION		

.0415

Nw chair

WHEELCHAIR EVALUATION

to sobili

Resident's Name: Millied Milant-10

Approx, age:

Male / Female

Current Chair:

Self Propel? Yes / No

Foot / Hands

J. Seat to Footplate (L,R)

A - Shoulder Width
B - Chest Width
C - Hip Width
D - Width at Knee
E - Seat to Top of Head

G- Seat to Axilla (L,R) Brimpit H- Chest Depth (L,R) Back to Tip of Chest I- Seat Depth (L,R) Actual - 2-3 Fingers

F - Seat to Top of Shoulder (L,R)

Pelvic Obliquity? Yes / No Low Side: RT / LEFT

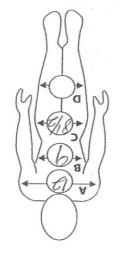


Reuseable for another resident?

YES / NO SIZE

Client Measurements

(write measurements inside of circle)



** PLEASE USE ACTUAL ANATOMICAL MEASURMENTS AND NOTES AS NEEDED **

and that state

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other:

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other_

Laterals? YES / NO

2010212	Basic / Folding / Rigid / Tilt in space
	Type of chair need: Circle one
ASURMENTS AND NOTES AS NEEDED **	** PLEASE USE ACTUAL ANATOMICAL ME TOURS & STORY AND
#/ 7 9/7	S/ y
(write measurements inside of circle)	G- Seat to Axills (L,R) Armpit H- Chest Depth (L,R) Back to Tip of Chest - Seat Depth (L,R) Actual-2-3 Fingers - Seat to Footplate (L,R) - Seat to Footplate (L,R)
KARMAN Client Measurements	A - Shoulder Width B - Chess Width C - Hip Width D - Width at Knee E - Seat to Top of Head F - Seat to Top of Shoulder (L,R)
имини	B - Chest Width C - Hip Width D - Width at Knee E - Seat to Top of Shoulder (L,R) F - Seat to Top of Shoulder (L,R)
имини	A - Shoulder Width B - Chest Width C - Hip Width D - Width at Knee E - Seat to Top of Head F - Seat to Top of Shoulder (L,R)
YES / NO SIZE	Current Chair: Self Propel? Yes / No Foot / Hands Pelvic Obliquity? Yes / No Low Side: R R - Shoulder Width B - Chest Width C - Hip Width C - Hip Width E - Seat to Top of Shoulder (L,R)

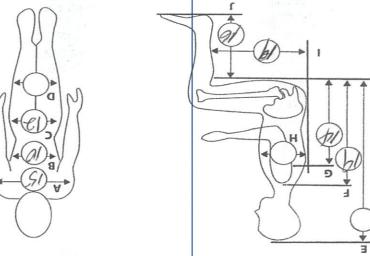
Laterals? YES / NO

Type of back needed

Other:

Planar / Sling / Axiom / Acta Relief / Other_

J. Seat to Footplate (L,R) 1- Seat Depth (L,R) Actual - 2-3 Fingers H - Chest Depth (L,R) Back to Tip of Chest (write measurements inside of circle) G - Seat to Axilla (L,R) Armpit F - Seat to Top of Shoulder (L,R) Client Measurements E- Seat to Top of Head D - Width at Knee A - Shoulder Width B - Chest Width C - Hip Width Pelvic Obliquity? Yes / No Low Side: RT / LEFT Foot / Hands Self Propel? Yes / No **LES \ NO SISE** Reuseable for another resident? Current Chair: Male / Female Approx. age: Resident's Name: WHEELCHAIR EVALUATION



** PLEASE USE ACTUAL ANATOMICAL MEASURMENTS AND NOTES AS NEEDED **

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other:

Type of back needed

.0415

Laterals? YES / NO

Planar / Sling / Axiom / Acta Relief / Other_

& New Chair

.0415

Laterals? YES / NO

Other	Planar / Sling / Axiom / Acta Relief /
	Type of back needed
	Other:
\ Stroller	Basic / Folding / Rigid / Tilt in space
	competition, bisid, paibled, siera
	Type of chair need: Circle one
m	my muy my
GTGTTN GV GT GN GNN GNN GNN GN	
** NEDENTS AND NOTES AS NEEDED **	** PLEASE USE ACTUAL ANATOMICAL ME
Client measurements inside of circle)	Chest Width They Width C High Width C High Width C High Width D Width at Knee E Seat to Top of Head Head They Committee (L,R) Hear Chest Depth (L,R) Back to Tip of Chest Hear Chest Depth (L,R) Back to Tip of Chest Hear Chest Depth (L,R) Actual - 2-3 Fingers I Seat to Footplate (L,R) A Seat to Footplate (L,R) I Seat to Footplate (L,R) A Seat to Footplate (L,R) I Seat to Footplate (L,R)
T-FET \ T	Pelvic Obliquity? Yes / No Low Side: R
YES / NO SIZE	Current Chair:Self Propel? Yes / No Foot / Hands
Canobisos soditore sol oldeosuos	10.30 g ²
7 (9 × 5	Male / Female
1.00	Approx. age:
MAN Location: Alliffeld	Resident's Name: Milliand
**	
WHEELCHAIR EVALUATION	* *************************************
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Other: Basic / Folding / Rigid / Tilt in space / Stroller Type of chair need: Circle one ** PLEASE USE ACTULL AMATOMICAL MEASURMENTS AND NO TEL AS NEEDED ** 1- Seat Depth (L.) (clush-2-3 Fingers)- Seat to Footplace (J.R.) H - Chest Depth (1.11) Back to Tip of Chest (write measurements inside of circle) F - Seat to Top of Translating It. R. High Seat to Axis High Act and pit Client Measurements b o qoT of fast - 3 D - Width at Kng B - Chest Width C - Hip Width A Shoulder Wedth Pelvic Obliquity? Yes / No Low Side: RT / LEFT Foot / Hands Self Propel? Yes / No **LES \ NO SISE** Reuseable for another resident? Current Chair: Mate / Female Approx. age: Resident's Name: WHEELCHAIR EVALUATION & New Chair

.0415

Laterals? YES / NO

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other_